



Training Evaluation Form

Course Title: _

Trainer(s):

Date:

Name: (Optional) _____

Your feedback is key to improving our course. Please give us your opinion on each item listed.

Course:	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
1. Training objectives were met.						
2. Content was logically sequenced.						
3. Course materials were organized.						
4. Learning was aided by the presentation & handouts.						
5. Questions & discussion were beneficial.						
6. I know where to go for more information after the course is over.						
7. This course increased my knowledge or skills on this topic.						
Trainers:	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
8. Trainers were prepared and organized.						
9. Trainers were knowledgeable about the subject.						
10. Trainers were easy to understand.						
11. Trainers encouraged participation in the course.						

Comments: (Use back of page if necessary.)

Strengths?

Recommendations?